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ABSTRACT

A new study of parents' health, medical care, and health-related behavior finds that large numbers of parents at all income levels take part in risky behaviors that are harmful to their own health and are likely to harm the health of their children. These behaviors include smoking, heavy drinking, and being overweight and sedentary. Risky behaviors are especially common among parents who are high school dropouts, parents who are separated or divorced, and those who receive welfare; such behaviors are comparatively infrequent among parents who have recently immigrated to the United States. The study concludes that many parents need to set a better example of healthy behavior for their children and to remain physically and mentally healthy for the crucial task of childrearing. The study's findings also suggest that among vulnerable parents, including some of those on welfare, emotional problems and risky health behaviors may be serious obstacles to self-sufficiency. (Author/EV)

The Health Behaviors of American Parents: Implications for Children

A new study of parents' health, medical care, and health-related behavior finds that large numbers of parents at all income levels take part in risky behaviors that are harmful to their own health and are likely to harm the health of their children. These behaviors include smoking, heavy drinking, and being overweight and sedentary. Risky behaviors are especially common among parents who are high school dropouts, separated or divorced parents, and those who receive welfare, and are comparatively infrequent among parents who have recently immigrated to the United States.

The study, conducted by Nicholas Zill, Ph.D., and published by Child Trends, concludes that many parents need to set a better example of healthy behavior for their children and to remain physically and mentally healthy for the crucial task of childrearing. Its findings also suggest that among vulnerable parents, including some of those on welfare, emotional problems and risky health behaviors may be serious obstacles to self-sufficiency.

The Changing Social Landscape

Recent changes in American society make parenting more difficult today than in the past. Among these changes: more children are being raised in single-parent families, step-families, and by parents who are older; more mothers are working outside the home; and despite a strong economy, the gap between well-to-do families and those who are poor remains. Add to these factors a perceived breakdown in shared values and community ties, and it's not difficult to understand why parenting today is viewed by many as a highly stressful undertaking. While Zill notes that other recent changes such as smaller family sizes and higher average levels of education among parents may ease some aspects of parenting today, he considers the demographic and economic factors above to have had profound effects on the daily lives of children and parents.

These demographic trends -- especially the growing numbers of single-parent families and the failure of economic growth to significantly reduce the number of poor families with children -- may result in increases in the number of parents with physical or mental health problems. These problems may be exacerbated by ongoing changes in health care, including increasing numbers of adults who lack health insurance and the advent of managed care limitations. They may also be affected by welfare reform policies such as time limits and work requirements that apply even to welfare recipients with medical problems.

Many recent studies have examined the health and well-being of American children, but this study is among the first to focus specifically on the health and health-related behavior of parents.

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Why does parents' health matter? Parents' ill health or unhealthy behavior can affect their ability to care for their children and earn a living, and their health-related behaviors set an example for their children's future health behaviors. Moreover, the health of parents has economic consequences for their employers and for the taxpaying public as a whole. Finally, ill health in parents, especially chronic health problems, can lead to family stress and disruption.

Risky Behaviors Prevalent Among Parents

Although more than 85 percent of American parents enjoy good to excellent health, many are not setting a good example for their children in terms of health-related behavior. At all income levels, significant numbers of parents engage in risky behaviors that are harmful to their own health and the health of their children, including smoking, heavy drinking, and being overweight and sedentary. One in three mothers and four in 10 fathers take part in at least one of these risky behaviors (see Figure 1). Such behaviors are especially common among parents who are high school dropouts, separated and divorced parents, and parents who receive welfare. These unhealthy behaviors are comparatively infrequent among recent immigrants, despite their relatively low education and income levels.

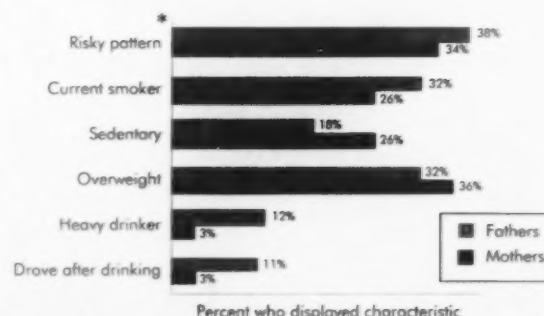
In addition:

- One in eight parents (13 percent) is in fair to poor health or has a health-related limitation of activities. Ill health is equally common among mothers and fathers, but twice as many mothers (24 percent) as fathers (11 percent) have six or more doctor visits in the course of a year.
- Ill health is more common among older parents, parents with lower education and income levels, separated and divorced parents, and welfare recipients.

- Working mothers and fathers tend to be in better health than those who are not employed outside the home.
- Parents report more stress than physical problems. Close to half of mothers (44 percent) and more than a third of fathers (37 percent) report experiencing a lot of stress during the previous year. Majorities of separated and divorced parents report feelings of stress.
- One in eight mothers (13 percent) and one in 16 fathers (6 percent) sought professional help for emotional problems in the last year.
- Mothers receiving welfare are five times more likely to experience severe negative feelings than nonpoor mothers, while poor mothers not receiving welfare are three times more likely to report such feelings.

Less than half of American mothers (46 percent) or fathers (45 percent) engaged in three or more of the following five preventive habits: always using seat belts while riding in a car, getting regular exercise, getting 7 to 8 hours of sleep per night, eating breakfast daily, and avoiding between-meal snacks. Parents who practice good health habits were similar in several respects to parents who refrained from engaging in risky behaviors; in

FIGURE 1
One in Three Mothers and Four in Ten Fathers Engaged in Risky Behavior



* A parent exhibiting a risky pattern is currently a smoker, or is sedentary and overweight, or drinks heavily and has driven after drinking too much.

Source: N. Zill (1997). Tabulation of data from 1990 National Health Interview Survey, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

particular, those with higher education and income levels were more likely to engage in the above-named preventive practices.

Health Care Issues

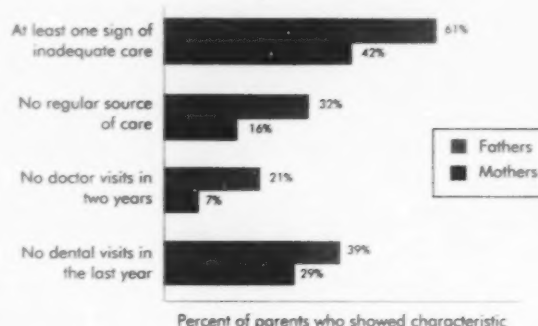
For many people who engage in risky health behaviors, encouragement from a doctor or other medical professional might motivate positive behavioral change. How many American parents get the kind of health care that may help change longstanding habits? How many get even periodic health checkups?

The health care of parents with lower education and income levels is of particular interest given that they are more likely to be in poor health, suffer from depression and other negative feelings, and engage in risky behaviors. Also of interest is the frequency of health care visits by the growing numbers of parents who are not covered by any form of health insurance, as well as the quality of care received by parents covered by Medicaid -- both of these groups also have elevated rates of risky behavior.

Most parents reported having had a medical checkup in the previous two years, and parents with lower education and income levels are only somewhat less likely to have had medical exams than parents with higher education and income levels. But four in ten mothers and six in ten fathers have at least one indicator of inadequate health care, such as having no regular source of care, no doctor's visits in two or more years, or no dental visits in the last year (see Figure 2).

One parent in seven lacks health insurance coverage. These parents are the least likely to have had medical checkups in the previous two or more years. Parents without medical insurance and those covered by Medicaid are in worse health than parents with private health insurance. These parents are also more likely to engage in risky health behaviors and are less likely to practice good health habits.

FIGURE 2
Six in Ten Fathers and Four in Ten Mothers
Showed Signs of Inadequate Health Care



Source: N. Zili (1997). Tabulation of data from 1990 National Health Interview Survey, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

A majority of parents, regardless of income level, report that during their last checkup, their doctors did not talk with them about such important health topics as diet, drinking, exercise, and drug use. (According to a majority of parents, their doctors did ask about smoking.) Among those parents whose doctors did ask about risky health behaviors--welfare and Medicaid parents, in particular--greater attention to behavioral issues did not result in lower rates of risky behavior, suggesting that the counseling may not have been potent enough to overcome the forces that contribute to high rates of risky behaviors in these groups.

Implications for Policy and Practice

Very few doctors and clinics have systematic plans for addressing the negative behaviors of patients who are parents. Yet findings in this report suggest that the public health community has an important role to play in identifying strategies to encourage parents to become better role models for their children. Zili suggests the following:

- Doctors and clinics should take full advantage of the opportunities for behavior change when adults become parents. They should review the full range of health-related behaviors with parents and

ask those who are engaging in harmful behaviors to make a commitment to change their behavior. Equally important, they should follow up in subsequent visits to push those who have not yet changed and to bolster the resolve of those who have and keep them from slipping back into bad habits. At the same time, public health officials must be aware that efforts to identify more effective ways to foster behavioral changes, along with efforts to expand preventive care in general, may be impeded by the large number of American adults who lack health insurance coverage.

- Some especially vulnerable populations, such as mothers who receive welfare, may require added assistance in handling emotional problems, such as stress and depression, and in improving health-related habits as they move toward self-sufficiency. Parents who receive welfare report consistently worse physical health, more risky behaviors, and more stress and negative feelings than other parents. Furthermore, poor mothers and fathers who are not on welfare have elevated rates of stress and negative feelings. To address these problems, Medicaid and managed care could provide more coverage of mental health services and could offer better preventive care, with a focus on changing deleterious habit patterns. At the same time, public health officials should recognize and address the frequently unmet need for psychological care among vulnerable parents who lack health coverage.
- Finally, public information campaigns should be developed to encourage parents to be healthy role models for their children. Public pressure resulted in the discontinuation of television and billboard advertising featuring cigarettes, but many young people are exposed on a daily basis to compelling "advertisements" for smoking in their own homes. A public health

campaign to improve parents' health behaviors may influence mothers and fathers to set a good example for their children.

Note: Setting an Example is based on data collected in the 1990 and 1991 National Health Interview Surveys, which were conducted by the National Center for Health Statistics and the U.S. Centers for Disease Control and Prevention. Based on survey interviews with 17,419 women and 9,970 men aged 18 to 54 in communities across the United States, the survey represents 35 million mothers and 28 million fathers living with children under the age of 18. (Parents not currently living with children could not be studied with available data.)

This research brief was prepared by Anne Bridgman. It summarizes a longer report by Nicholas Zill, Ph.D., *Setting an Example: The Health, Medical Care, and Health-Related Behavior of American Parents* (1999, Child Trends: Washington, D.C.), produced with support from the Robert Wood Johnson Foundation and the Nord Family Foundation. Copies of this report are available from Child Trends' publication office, 202-362-5580. Publications may also be ordered from Child Trends' web site, www.childtrends.org.

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